



Kansas Bureau of Investigation

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EXECUTIVE SUMMARY

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The Kansas Sexual Assault Kit Initiative (SAKI): *Sexual Assault Exam Paperwork Analysis of the Cross-Sectional Sample* May 3, 2018

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Background

In March 2017, the Kansas Bureau of Investigation (KBI) identified over 2,200 previously unsubmitted¹ sexual assault kits (SAKs) throughout the state (Kansas Bureau of Investigation, 2017). From this initial inventory, 12 local law enforcement agencies were identified to submit a portion of their inventory for DNA testing (hereafter known as the “cross-sectional sample”).

Information collected from these SAKs included the paperwork completed by the medical professional conducting the sexual assault examination. The analysis of the information from the paperwork has demonstrated that DNA profiles can come from a variety of cases and circumstances, and therefore it is important for all collected sexual assault exam evidence to be submitted for forensic analysis.

Sexual Assault Exam Data Collection

The KBI received medical exam paperwork for 413 cases from the cross-sectional sample.² This paperwork included the following data points for each SAK:

- Date and time of assault
- Date and time of exam
- Victim information, including race, gender and age
- Anal, genital and oral penetration
- Digital and object penetration
- Anal, genital and oral ejaculation
- Use of a condom by suspect
- Samples collected
- Collection of clothing and if clothing was worn during or after the assault

¹ Unsubmitted SAKs are those collected as part of a reported sexual assault to law enforcement and have never been sent to a forensic laboratory for testing. This does not include anonymously collected SAKs.

² While the cross-sectional sample consisted of 439 SAKs, there were several cases which did not include medical paperwork within the SAK. As a result, only those cases with medical paperwork (n=413) could be analyzed for this executive summary.

- Victim actions post assault:

Bathed/showered	Brushed teeth	Urinated	Vomited
Changed clothes	Douched	Used mouthwash	Defecated
Consumed liquids			
- Bleeding injuries on the victim
- Consensual sex within the last 72 hours and name of partner(s)
- Name of assailant, if known, and relationship to victim

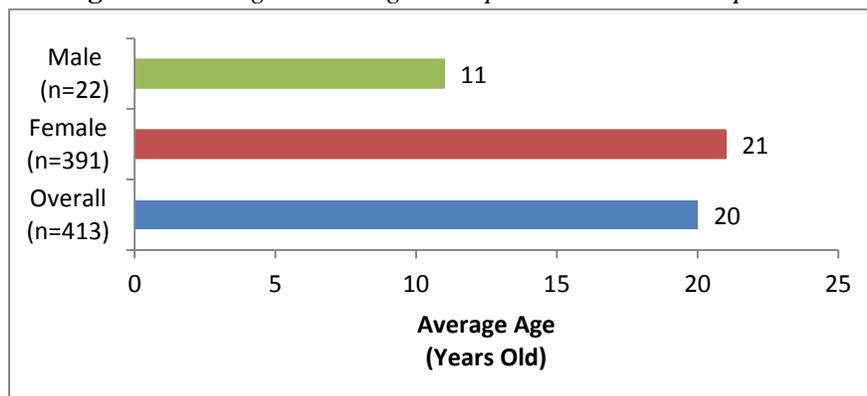
Results of Data Analysis

From the 413 cases with medical paperwork, the majority of victims reported a known suspect (69%)³ and genital penetration by the suspect (57%). Suspect ejaculation was reported by the victim as either unknown or did not occur in 80% of cases. Only 4% of victims reported knowing if the suspect wore a condom and 21% of victims reported engaging in consensual sex within 72 hours prior to the exam. The time lapse between when the assault occurred and when the medical exam was conducted ranged from 1 hour up to 792 hours (33 days), with victims waiting an average of 33 hours after the assault to receive the exam.

Victim Gender

Of the collected medical paperwork, 95% of victims were female and 5% were male. Examination of the differences within the data based on victim gender showed the only significant difference to be the age of the victim at the time of reporting. While the average age of the overall sample was 20 years old, the collected paperwork indicated that the average age of female victims was 21 years old and the average age of male victims was 11 years old (see *Figure 1*).

Figure 1: Average Victim Age as Reported in Medical Paperwork



This difference in victim age could be due to a number of reasons that contribute to underreporting by adult male victims, which may include societal biases about sexual assault and victims. Historical social hierarchies and underlying beliefs of masculinity create an expectation that adult men should be strong enough to be able to fight off their attackers based solely on the biological fact of being male (Garland, 2009). This notion not only undermines the existence of male victims, but also feeds into a narrow

³ It should be noted that the remaining 31% that did not report a known suspect included cases in which suspect information was not recorded in the received paperwork; victims were unable to provide suspect information due to factors such as age or consciousness at the time of assault; and assaults committed by a stranger.

definition of masculinity that men are meant to be physically dominant or powerful and therefore are only victims because of a failure to assert their dominance (Kimmel, 2004). Similar to female victims, there is a social misperception that victims will fight back if they are being attacked, and that a lack of physical resistance equates to consent or even a desire by the victim to be raped. For male victims in particular this may call into question their sexual orientation as a way to further undermine the assault and blame the victim (Garland, 2009). Because of these misconceptions and stereotypes, adult male victims may be less inclined to report an assault, which may account for the age difference seen in our data.

CODIS Uploads

As of April 2018, forensic analysis of the cross-sectional sample resulted in 113 DNA profiles uploaded to the Combined DNA Index System (CODIS), with 53 profiles resulting in a match or “hit.” Of the 413 cases in which medical paperwork was available, 183 stopped after serology testing.⁴ A comparison of the medical paperwork for cases that stopped at serology and cases that resulted in a DNA profile uploaded to CODIS showed significant differences in a few notable areas (see *Figure 2*).

Figure 2: Medical Paperwork of Cases Stopping at Serology Compared to COIDS Uploads

		Stopped at Serology n=183	CODIS Upload n=113
Longest Elapsed Time Between Assault and Exam (Hour)		504	108.5
Average Elapsed Time Between Assault and Exam (Hour)		42.6	17
Penetration	Genital	42%	77%
	Anal	13%	12%
	Oral	14%	19%
	Digital	14%	35%
	Object	5%	11%
Ejaculation	Genital	9%	28%
	Anal	2%	0%
	Oral	3%	1%
Victim Has Bleeding Injuries		13%	19%
Victim Actions Post Assault	Bathed/Showered	40%	30%
	Brushed Teeth	32%	20%
	Urinated	75%	80%
	Vomited	13%	13%
	Changed Clothes	58%	48%
	Used Mouthwash	5%	5%
	Defecated	33%	15%
	Consumed Liquids	73%	64%
	Consensual Sex Within 72 Hours	14%	30%
Suspect Wore a Condom	Yes	6%	4%
	No	20%	53%
	Unknown	74%	43%

Highlighted cells = significant difference

⁴ Cases that stopped at serology testing are those that screened negative for male DNA and did not progress to DNA testing.

The average elapsed time between the assault and the victim receiving the medical exam was 42.6 hours for cases that stopped at serology. This is nearly double the elapsed time seen in cases that resulted in a CODIS upload, which averaged 17 hours. While collecting evidence as soon as possible after an assault likely increases the viability of a DNA profile, it should be noted that the longest amount of time between the assault and the exam for a case that resulted in a CODIS upload was 108.5 hours (4.5 days).⁵ Therefore, the collection of sexual assault evidence should not be dismissed due to time elapsed since the assault and a SAK should be completed for all victims consenting to the examination.

CODIS upload cases had a higher rate of genital and digital penetration as well as genital ejaculation than cases that stopped at serology. Additionally, 53% of CODIS upload cases reported that the suspect did not wear a condom, which likely improved the ability to retrieve a viable DNA profile. It should also be noted that 30% of victims from CODIS upload cases had reported consensual sexual partners within 72 hours of the medical exam and yet a suspect DNA profile was still able to be obtained. This again underscores the importance of not dismissing evidence due to time elapsed and the necessity of forensic analysis of all SAKs reported to law enforcement.

There were also several data points that did not show significant differences between cases that stopped at serology and cases that resulted in a CODIS upload. By and large, victim actions post assault did not significantly differ between the two case types. This suggests that a victim's post assault behavior may not have a negative impact on the ability to collect evidence and obtain a viable suspect DNA profile, which has been a common belief within the criminal justice system and may have influenced the original decision not to submit SAKs for forensic analysis.

Next Steps

The data collected from the medical paperwork as part of the Kansas SAKI project underscores the importance of collecting and preserving sexual assault evidence in the forensic analysis process. While step-by-step instructions within the SAK are available to provide guidance through this process, the need for trained and supported medical personnel is a key component to ensuring high quality samples are collected.

Currently, there are 21 active Sexual Assault Nurse Examiner (SANE) programs in only 19 of the 105 counties in the state of Kansas. Despite state statute identifying other personnel qualified to conduct sexual assault exams,⁶ hospitals without a SANE program often refer victims to a facility with an active program. Unfortunately, these programs can be up to 4 hours away, which can delay the collection of evidence and may deter victims from seeking an exam. The importance of developing and sustaining SANE programs across the state is essential to the appropriate collection of sexual assault evidence and providing necessary services and care to victims.

⁵ DNA profile obtained from swab of condom used during the reported assault.

⁶ Kansas Statutes Annotated (K.S.A.) 65-448, Qualified persons at medical care facilities to examine victims of sexual offenses.

References

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